



ACE INHIBITOR PRIOR AUTHORIZATION

ND DEPARTMENT OF HUMAN SERVICES

MEDICAL SERVICES DIVISION

SFN 126 (Rev. 12/2005)

Fax Completed Form to:
866-254-0761 or 334-321-2199
For questions regarding this
prior authorization, call
866-773-0695 or 334-321-0268

North Dakota Medicaid requires that patients receiving an ACE inhibitor must use at least two generics as first line.

***Note:**

- Captopril, Enalapril, Lisinopril, Moexipril, Ramipril, Benazepril or Fosinopril do not require a PA
- If the patient has not failed two generics but has subsequently had a successful trial of a brand drug the PA will be approved
- Altace should be reserved for a recipient who is >55 years old with previous CV disease or diabetes plus one other risk factor for CV disease

Part I: TO BE COMPLETED BY PHYSICIAN

Recipient Name	Recipient Date of Birth	Recipient Medicaid ID Number	
Physician Name			
			Zip Code

Requested Drug:		Diagnosis for the request	Other CV Risk Factors

Qualifications for coverage:

Adverse Reaction to omeprazole OTC (attach FDA Medwatch form) or Contraindicated: (provide description below)				
Physician Signature			Date	

Part II: TO BE COMPLETED BY PHARMACY

Part III: FOR STATE USE ONLY

Date Received	CSP MD CSP Pharmacy	Daily Units Bypass Units	Req App	CLM Limit
Approved - Effective dates of PA From: / / To: / /			Approved By	
Denied (Reasons)				